

01/28/2004 12:16 FAX 919 941 1515
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*** TX REPORT ***

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DATE: September 11, 2003

RECIPIENT INFORMATION

To: Examiner John D. Pak
Voice Tel. No.:
Fax Tel. No.: 703.308.4556
Your Ref.: 09/560,046

SENDER INFORMATION

From: Mary B. Grant
Voice Tel. No.: 919.941.8830
Sent By: Donnie
Our Ref.: 028870-224
Total Pages: 8 pages

MESSAGE:

Dear Examiner Pak,

Attached is
Amendment/Response for Application number 09/560,046

Please let me know if you have any questions.

Thank you,
Mary B. Grant

I HEREBY CERTIFY that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office on this 11th day of September, 2003.

Fax Number for Group Art Unit 1616 is 1.703.308.4556

Application Number: 09/560,046

Filed: April 27, 2000

Confirmation Number: 2871

Patent
Attorney Docket No. 028870-224

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

David C. Greenspan et al.

Application No.: 09/560,046

Filing Date: April 27, 2000

Title: Anti-Inflammatory and Antimicrobial Uses for Bioactive Glass Compositions

Box: No-fee Amendment

Group Art Unit: 1616

Examiner: John D. Pak

Confirmation No.: 2871

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.☐ Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.☐ Also enclosed is/are _____

_____☐ Small entity status is hereby claimed.☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.☐ Applicant(s) previously submitted _____

_____ on _____
for which continued examination is requested.☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

BURNS DOANE

BURNS DOANE SWECKER & MATHIS LLP
ATTORNEYS AT LAW

AMENDMENT/REPLY TRANSMITTAL LETTER

Page 1 of 2

Attorney Docket No. 028870-224

Application No. 09/560,046

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	10	MINUS 29 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	6	MINUS 9 =	0	x \$84.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A total fee in the amount of _____ is enclosed.
- ☐ Charge _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(919) 941-9240

Date: September 11, 2003

By Mary B. Grant
Mary B. Grant
Registration No. 32,176

I hereby certify that this correspondence is being by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number:

Facsimile Number: 1.703.308.4556

Date of Transmission: September 11, 2003

Donnie S. Dietrich
Donnie S. Dietrich
Typed Name:

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